

2034

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>121</u>		
or <u>Globe</u>	County Registrar No. <u>199</u>		
City of _____	Local Registrar No. _____		
No. _____ St. _____ Ward _____			
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Robert Erwin Simpson</u>			
3. Sex of Child <u>M</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other _____			
5. Legitimate? <u>yes</u>			
6. Date of birth <u>March 3 1924</u>			
7. Month day year			
8. FATHER		9. MOTHER	
Full name <u>Sidney A. Simpson</u>		Full maiden name <u>Helan Shivers</u>	
10. Residence (Usual place of abode) <u>Globe</u>		11. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state		If nonresident, give place and state	
12. Color or race <u>N.</u>		13. Color or race <u>N.</u>	
14. Age at last birthday <u>32</u> (Years)		15. Age at last birthday <u>31</u> (Years)	
16. Birthplace (city or place) <u>Prescott Ariz.</u>		17. Birthplace (city or place) <u>Little Chino</u>	
(State or country)		(State or country)	
18. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>1</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>24</u> m. on the date above stated.			
(Born alive or stillborn.)			
Signature <u>M. W. Foster</u>			
(Physician or midwife)			
Address _____			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Given name added from _____			
a supplemental report _____			
Month, day, year.			
Registrar. _____			
Filed <u>3-10</u> 19 <u>24</u> <u>B. G. Hax</u>			
Filed <u>4-6</u> 19 <u>24</u> <u>B. G. Hax</u>			
Local Registrar.			
County Registrar.			

925-303-822